

# REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL AND PETITION FOR EXTENSION OF TIME

Via Facsimile to (571) 273-8300

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED  
CENTRAL FAX CENTER

AUG 15 2007

Re: Applicants: David L. Blankenbeckler  
Title: Dual Density Disc With Associated Properties  
Application No.: 10/085,682 Filing Date: February 26, 2002  
Examiner: Aristotelis M. PSITOS Group Art Unit: 2627  
Docket No.: M-12013 US Confirmation No.: 1491

Dear Sir:

This is a Request for Continued Examination under 37 CFR §1.114 of the above-identified application.

A. ☐ If a Final Office Action is outstanding, any amendments filed after the final Office Action may be considered as a submission even if this box is not checked.

B. ☒ Enclosed herewith for consideration is:

☒ Amendment/Response

08/16/2007 RECEIVED 08260834 502257 10000002

☐ Other:

01 FC:2821 395.00 04

## The Filing Fees Are Calculated as Follows:

☒ Applicant claims Small Entity Status:

08/16/2007 RECEIVED 08260834 502257 10000002

☒ APPLICANT(s) PETITIONS FOR AN EXTENSION OF TIME AS INDICATED BELOW:

EXTENSION (months)		FEE FOR SMALL ENTITY		FEE FOR LARGE ENTITY
1 month	<input checked="" type="checkbox"/>	\$60.00	<input type="checkbox"/>	\$120.00
2 months	<input type="checkbox"/>	\$225.00	<input type="checkbox"/>	\$450.00
3 months	<input type="checkbox"/>	\$510.00	<input type="checkbox"/>	\$1,020.00

☒ If an additional extension of time is required, please consider this a petition therefor.

## CLAIMS AS AMENDED

Total Claims	-	20	=	x	\$50.00	\$0.00
Independent Claims	-	3	=	x	\$200.00	\$0.00
Multiple Dependent Claims	\$360	(if applicable)		<input type="checkbox"/>		\$0.00
Total Claim Calculations						\$0.00
TOTAL CLAIM FEES SUBMITTED HEREWITH						\$0.00
<input checked="" type="checkbox"/> RCE Fee Under 37 CFR 1.17(e) for LARGE ENTITY					\$	790.00
<input type="checkbox"/> Reduction by 1/2 for Claiming Small Entity Status					\$	395.00
<input checked="" type="checkbox"/> Extension of Time Fee as indicated above					\$	60.00
<input checked="" type="checkbox"/> Please charge our Deposit Account in the amount of					\$	455.00
<input checked="" type="checkbox"/> Kindly charge any additional fees required and credit any overpayment to our Deposit Account No. 50-2257						

## Certification of Facsimile Transmission

I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

*Sandra L. Carr*  
Sandra L. Carr

August 15, 2007  
Date of Signature

Respectfully submitted,

*Jonathan W. Hallman*  
Jonathan W. Hallman  
Attorney for Applicant  
Bar No. 12,672